

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name DaisyPlace LLC 2019-300		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 219 Terrace Avenue		Company NAIC Number:
City Waveland	State Mississippi	ZIP Code 39576
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 161E-0-02-144.000		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>30-17-06</u> Long. <u>89-22-13</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>6</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) <u>197.00</u> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>2</u>		
c) Total net area of flood openings in A8.b <u>175.00</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage <u>0.00</u> sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A9.b <u>0.00</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Waveland 285262			B2. County Name Hancock		B3. State Mississippi
B4. Map/Panel Number 28045C0361	B5. Suffix D	B6. FIRM Index Date 10-16-2009	B7. FIRM Panel Effective/ Revised Date 10-16-2009	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 22.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 219 Terrace Avenue			Policy Number:
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS Derived Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|-------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>12.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>26.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>24.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>24.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>8.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>12.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name Jason P. Chiniche	License Number P.E. 19732		
Title Project Manager			
Company Name James J. Chiniche P.A., Inc			
Address 412 Hwy 90 Suite 4			
City Bay Saint Louis	State Mississippi	ZIP Code 39520	
Signature <i>Jason P. Chiniche</i>	Date <u>8.10.2020</u>	Telephone (228) 467-6755	Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
NOTE: The description in A3 above is for information only & not to certify the building location. The base flood elevation (BFE) is per Map Section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting, owner is responsible for coordinating this certificate with contractor and/or building official as needed. C2.e is a mechanical air handler. TBM is a MAG nail found in the edge of the asphalt of Terrace Avenue near the NW property corner. EL = 5.2'. See FIRMette dated 08/10/2020 for reference. Enclosure walls are breakaway.

ELEVATION CERTIFICATE

OMB No. 1660-0008
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City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 219 Terrace Avenue			Policy Number:
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front view TBM EL = 5.2'

Clear Photo One



Photo Two

Photo Two Caption Rear view. C2.e is a mechanical air handler.

Clear Photo Two

EVALUATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
219 Terrace Avenue

FOR INSURANCE COMPANY USE

Policy Number:

City
Waveland

State
Mississippi

ZIP Code
39576

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption Side view

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four

National Flood Hazard Layer FIRMette



89°22'33"W 30°17'21"N



0 250 500 1,000 1,500 2,000 Feet
1:6,000

89°21'55"W 30°16'50"N

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS

- Without Base Flood Elevation (BFE)
Zone A, V, A99
- With BFE or Depth Zone AE, AO, AH, VE, AR
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD

- 0.2% Annual Chance Flood Hazard. Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile. Zone J
- Future Conditions 1% Annual Chance Flood Hazard. Zone X
- Area with Reduced Flood Risk due to Levee. See Notes. Zone A
- Area with Flood Risk due to Levee. Zone D

OTHER AREAS

- NO SCREEN
- Area of Minimal Flood Hazard. Zone A
- Effective LOMRs
- Area of Undetermined Flood Hazard. Zone X

GENERAL STRUCTURES

- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES

- Cross Sections with 1% Annual Chance Water Surface Elevation
- Coastal Transect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS

- Digital Data Available
- No Digital Data Available
- Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/10/2020 at 1:16 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmoderized areas cannot be used for regulatory purposes.



Coastal AE Zone / VE Zone Design & Performance Certificate



New Construction / Substantial Improvements / Repairs

To be completed by a Registered Professional Engineer or Architect

Permit # _____

Building Owner DAIST PLACE LLC

Mailing Address 219 TERRACE AVENUE

City WAVELAND State MS Zip Code 39576

Building Location 219 TERRACE AVE.

Latitude 30-17-06 Longitude 89-22-13 County HANCOCK

Other Legal Description (parcel #) 161E-0-02-144.000

Within City Limits? Y X / N ___ /

Section 1: Flood Insurance Rate Map (FIRM) Data

This Certificate is NOT a substitute for an Elevation Certificate.

Community Name CITY OF WAVELAND Community ID Number 285262 FIRM Panel Number 28045C-0361

Panel Suffix D FIRM Zone VE22 Date of FIRM Panel 10-16-2009 Date of Index 10-16-2009

Section 2: Elevation Information

Record elevations to the one tenth (1/10) of a foot.

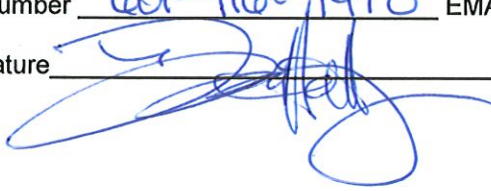
1. Elevation of the bottom of the Lowest Horizontal Structural Member..... 23.0 feet
2. Base Flood Elevation (BFE)..... 22.0 feet
3. Design Flood Elevation (DFE)..... 22.0 feet
4. Elevation of Lowest Adjacent Grade (LAG)..... 9.3 feet
5. Foundation type: Piling X / Post ___ / Pier ___ / Column X / Fill ___ / Shear Wall ___ / Enclosed Wall ___ /
Foundation Description: 12" x 12" TREATED WOOD COLUMNS
DRIVEN TO REFUSAL
6. Approximate depth of scour/erosion used for foundation design..... 1.0 feet
7. Embedment depth of pilings or foundation below LAG..... 8.0 MIN feet
8. Datum used: NGVD 29 ___ / NAVD 88 X / Other _____

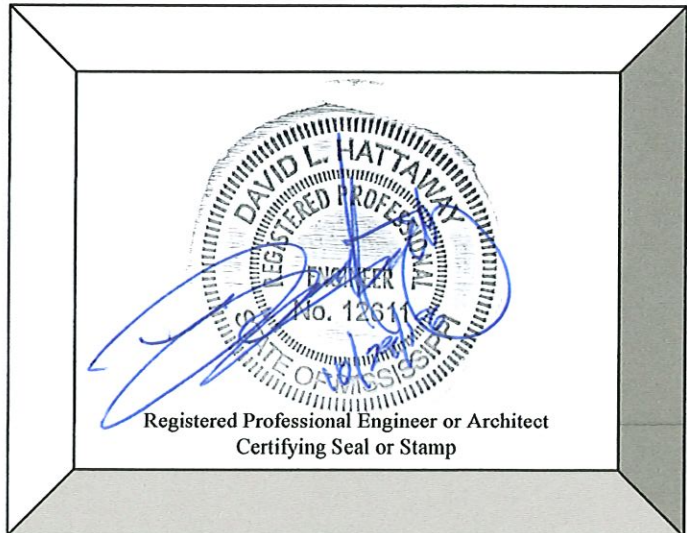
Section 3: Breakaway Wall Certification Statement

Certificate must be signed and sealed by a Registered Professional Engineer or Architect. A signed/sealed copy of this statement must also appear on the approved construction plans detailing Breakaway Wall construction.

I certify that I have developed or reviewed the structural design, plans, and specifications for construction of Breakaway Walls and that the proposed design and methods of construction to be used for the Breakaway Walls are in accordance with accepted standards of practice for meeting the following provisions:

- ⊃ Breakaway Walls have a design safe loading resistance of not less than 10 and no more than 20 pounds per square foot.
- ⊃ Breakaway Wall Collapse shall result from a water load less than that which would occur during the Base Flood.
- ⊃ The elevated portion of the structure and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the combined effects of wind and water loads acting simultaneously on all structure components, structural and non-structural.
- ⊃ The pile or column foundation and structure attached thereto is anchored to resist floatation, collapse, and lateral movement due to the effects of wind and water loads acting simultaneously on all structure components, structural and non-structural.
- ⊃ The potential for scour and erosion at the foundation has been anticipated for conditions associated with the Base Flood, including wave action.
- ⊃ The bottom of the lowest horizontal structural member of the lowest floor (including piles and columns) is elevated to the DFE.
- ⊃ Wind loading values used are those required by applicable State or local building standards.
- ⊃ Water loading values used are those associated with the Base Flood.
- ⊃ Enclosed space is used solely for parking of vehicles, building access, or limited storage of maintenance items.

Name DAVID L. HATTAWAY Title ENGINEER/OWNER
Representing HATTAWAY ENGINEERING INC License 12611
Address P.O. BOX 363
City CARRIERE State MS Zip Code 39426
Ph Number 601-916-1978 EMAIL hatteng@bellsouth.net
Signature  Date 10-29-19



WAVELAND

2020 9056
Recorded in the Above
Deed Book & Page
08-11-2020 01:26:37 PM
Timothy A Kellar
Hancock County

NON-CONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 11th day of August 2020
By Daisy's Place, LLC (OWNER) having an address at 219 Terrace St.

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at 219 Terrace St.
In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 161E-0-02-144.000

WHEREAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland Floodplain Management Ordinance of Number 342 and under Permit Number 1900435.

WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

1. The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is 22 + 1 feet above mean sea level, National Geodetic Vertical Datum of 1985.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
7. Other conditions:

Hancock County
I certify this instrument was filed on
08-11-2020 01:26:37 PM
and recorded in Deed Book
2020 at Pages 9056
Timothy A Kellar
CLERK
HANCOCK COUNTY, MISSISSIPPI

In witness whereof the undersigned set their hands and seals this 11th day of Aug 2020

[Signature]
OWNER

(Print)
Timothy A. Kellar
(Signature)
By [Signature] DC

(Print)
[Signature]
(Signature)
WITNESS

My Commission Expires Dec. 31, 2023

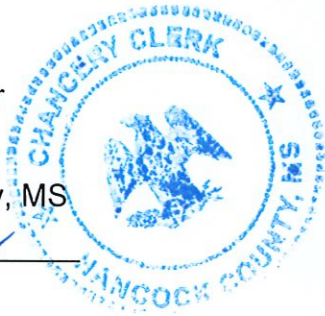
*** Certified Copy Page ***

I, Timothy A Kellar, Chancery Clerk, do hereby certify that the foregoing is a FULL, TRUE and CORRECT copy of the Instruments(s) herewith set out as same appears of record in: Deed BOOK - 2020, AT PAGE - 9056 in said court.

Witness my hand and seal this 11 Day of August, 2020.

Timothy A Kellar
Chancery Clerk
Hancock County, MS

DC: _____





The Hospitality City

CERTIFICATE OF OCCUPANCY

CITY OF WAVELAND

This Certificate is issued pursuant to the requirements of the 2018 International Codes Council certifying that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use.

Certificate #: 1900435

Issued to: DAISY PLACE LLC

Building Address: 219 TERRACE ST

City, State, Zip: WAVELAND, MS 39576

Issued Date: 8/14/2020

Expires: End of occupancy

Occupancy Type: SINGLE FAMILY RESIDENTIAL

Sprinkler System Required: NO

Special Conditions: NO

Building Official

Shosh Stayer

Date

8/14/20